

Retail Food Establishment Inspection Report

Floyd County Health Department Telephone:812-948-4726

X660

Based on an inspection this day, the item(s) noted below identify violations of 410 IAC 7-24, Indiana Retail Food Establishment Sanitation Requirements. The time limit for correction of each violation is specified in the narrative portion of this report.

Establishn	iont Nama		The second of th	I to but a second	l n . ar		_	
NAL		_	afe'	Telephone Number		Date of Inspection (mm/dd/yr) PERMIT		
			unber and street, city, state, zip code)	1 812 242 6304	1/20	2020	19-204	
					72-7	, • • • •	' ' '	
Owner	VIA CON	なり	St. New Alban, W 47150	Purpose:	Follow-u	n Releas	se Date	
NAFC	Schools			1. Routine	YES 10 days			
Owner's A	ddress			2. Follow-up	Summary of Violations;			
				3. Complaint				
Person in C				Pre-Operational #2	$C \times NC \setminus R$			
Leah	ENI	<u></u>		5. Temporary				
Responsibl	e Person's	E-ma	iI	6. HACCP	Menu Type (See back of page)			
6 46 15				7. Other (list)				
Certified F		ger	1	7. Other (list)	1 2 X 3 4 5			
	Early							
• CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "C"								
• VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUMMARY OF VIOLATIONS" AND IN THE NARRATIVE BELOW AS "R"								
Section#	C/NC	R	Narrative			To Be Co	orrected By	
4/6	NC	C Observed mice droppings in storage rocan				Corrected		
		١.	- Ensure that area is added to CPO routine					
			7.00	100777		<u>-</u>		
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					-			
	Fricility will only serve coffee and limited breakfast in the beginning with an emphasis on "grab + go"							
	the begining with an emphasis on grab+go"							
		<u> </u>						
	Minimal Innoh /snack items to be added later							
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-								
}					-			
Received by (name and title printed): Inspected by (name and title printed):								
Leah A. Early Manager A.J. Ingrom (EHS								
Received by (signature): Inspected by (signature):								
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cc: cc:								
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